

Case Number:	CM13-0025587		
Date Assigned:	07/11/2014	Date of Injury:	06/01/2009
Decision Date:	08/14/2014	UR Denial Date:	08/19/2013
Priority:	Standard	Application Received:	09/17/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Pennsylvania. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 43-year-old gentleman who injured his low back on 6/1/09. The clinical records provided for review include a 2/21/14 progress report documenting a diagnosis of chronic low back pain and failed conservative care of physical therapy and injections. Current treatment for the claimant included medication management and TENS device. Physical examination showed weakness of the left extensor hallucis longus and diminished sensation of pinprick on the top of the left foot. The documented diagnosis on that report was degenerative lumbar disc disease with a left paracentral disc protrusion at L5-S1. The report of an MRI dated 3/13/13 showed at the L5-S1 diffuse degenerative changes and a disc bulge with a left lateral disc protrusion and no evidence of canal or foraminal narrowing. There was mild abutment of the exiting S1 nerve root. The recommendation was made for an L5-S1 laminectomy and fusion.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Assistant surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Association of Orthopaedics surgeons position statement reimbursement of the first assistant at surgery in orthopaedics, Role of the first assistant.

MAXIMUS guideline: The Expert Reviewer based his/her decision on the Non-MTUS Other Medical Treatment Guideline or Medical Evidence: Milliman Care Guidelines 17th edition: assistant surgeon, Assistant Surgeon Guidelines (Codes 21810 to 22856).

Decision rationale: The request for bilateral L5-S1 laminectomy and fusion with pedicles screws is not recommended as medically necessary. Therefore, the request for the associated service, an assistant surgeon, is not medically necessary.

1 day length of stay: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Low back (updated 05/10/13)Hospital length of stay (LOS) guidelines.

MAXIMUS guideline: The Expert Reviewer based his/her decision on the Non-MTUS Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: low back procedure - Fusion (spinal) - Hospital length of stay (LOS).

Decision rationale: The request for bilateral L5-S1 laminectomy and fusion with pedicles screws is not recommended as medically necessary. Therefore, the associated service, a one day inpatient length of stay, is not medically necessary.

Bilateral L5-S1 laminectomy and fusion with pedicle screws: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307.

Decision rationale: California ACOEM Guidelines do not support the role of fusion for this claimant. While this individual continues to have complaints of pain, there is no documentation or imaging evidence of segmental instability at the L5-S1 level that would necessitate or warrant the need for a fusion. ACOEM Guidelines state that the indications for fusion are spinal fracture, dislocation, or spondylolisthesis. Without documentation of motion at the requested level of surgery, the need for fusion procedure is not considered medically necessary.